

RELEASED IN FULL

UNCLASSIFIED

A15  
Page 1 of 4  
SAQMMAD8F4268

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	RATING
2. AMENDMENT/MODIFICATION NO. MC01	3. EFFECTIVE DATE 09/10/2008	4. REQUISITION/PURCHASE REQ. NO. AQ-1044805089	5. PROJECT NO. (if applicable)
6. ISSUED BY OFFICE OF ACQUISITION MANAGEMENT (ALM/AQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219	CODE LMAQM NAME Cornelius Pitts TEL. 703-875-6011 EMAIL PittsC@state.gov	7. ADMINISTERED BY (if other than item 6) CODE	

8. NAME AND ADDRESS OF CONTRACTOR (inc. street, country, state and ZIP Code) STANLEY ASSOCIATES INC 3101 WILSON BLVD STE 700 ARLINGTON, VA 22201-4445		DO	9A. AMENDMENT OF SOLICITATION NO.
			10. DATED (SEE ITEM 11)
		X	10A. MODIFICATION OF CONTRACT/ORDER NO. SAQMMAD8F4260
CONTACT Jonathan Barker CODE 144202843			10B. DATED (SEE ITEM 13) 04/11/2008
DUNS 144202843			
FACILITY CODE 99100			

## 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

<input type="checkbox"/> The above numbered solicitation is intended as set forth in Item 14. The hour and date specified for receipt of offers	<input type="checkbox"/> is extended.	<input type="checkbox"/> is not extended.
Offeror must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By transmitting letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the specified hour and date specified.		

12. ACCOUNTING AND APPROPRIATION DATA (if required)  
1900 - 2008 - 19 X01130006 - CA - 1044 - 4220 --- 2589 --- C4R25L --- 289900. \$400,000.00

## 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in payloc, offloc, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(a).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) Increase Funding

E. IMPORTANT: Contractor  is not.  is required to sign this document and return copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION: (Dominated by UOF section headings, including solicitation/contract subject matter where feasible)  
The purpose of this modification is to increase funding by \$400,000.00. The previous order total was \$1,000,000.00. The new order total is \$1,400,000.00.

Except as provided herein, all terms and conditions of this document referenced in items 9A or 10A, as hereinafter changed, remain unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	16C. DATE SIGNED  By <i>Charles E. Lahiguera</i> Signature of Contracting Officer
16B. UNITED STATES OF AMERICA  <i>Charles E. Lahiguera</i>	16C. DATE SIGNED  09/10/2008

NSN 7540-01-163-8010  
Previous edition unusable

STANDARD FORM 30 (REV. 10-88)  
Prescribed by GSA FAR (41 CFR) 101-11.243

UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: CHARLES E LAHIGUERA  
DATE/CASE ID: 17 SEP 2010 200702174

UNCLASSIFIED

## UNCLASSIFIED

Page 2 of 4  
SAQMMAD08F4260

Line Item Summary	Contract Number: SAQMMAD08D0051	Order Number: SAQMMAD08F4260	Title: Stanley Task 4		Total Funding Change: \$400,000.00	Date of Order: 09/10/2008		
Line Item No.	Description		Quantity	Unit	Unit Price	Total Cost		
	Provide Incremental funding in the amount of \$400,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for Task 4 as follows:							
001	Base year for Passport Services Domestic Support Contract No. SAQMMAD08D0051 period of performance through March 19, 2008 for Task 4 Architectural Design Support for Pasaport Services Facilities, CLIN No. 0006 Doc Ref No: 1044805089 Taxes Included: Delivery Date (Start to End) Date FOB: 03/20/2008 03/20/2008 to 03/19/2008 Destination Funding Information: Accounting Ref: 1044805089 Original Total: \$1,000,000.00 Change Total: \$0.00 \$1,000,000.00 Accounting Ref: 1044805089 Original Total: \$0.00 Change Total: \$350,000.00 \$350,000.00		1.00 0.00 1.00	LT	\$1,000,000.00 \$350,000.00 \$1,350,000.00	\$1,000,000.00 \$350,000.00 \$1,350,000.00		
002	Travel (CLIN 0007) Doc Ref No: 1044805089 Taxes Included: Delivery Date 03/29/2008 FOB: Destination Funding Information: Accounting Ref: 1044805089 Original Total: \$0.00 Change Total: \$50,000.00 \$50,000.00		0.00 1.00 1.00	LT	\$0.00 \$50,000.00 \$50,000.00	\$0.00 \$50,000.00 \$50,000.00		
GTM for this effort: Jim Stanley								
Previous Total: \$1,000,000.00 Modification Total: \$400,000.00 Grand Total: \$1,400,000.00								

## Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AC-1044805089-03212008103052692/stanley/March2008.pdf	03/21/2008	0

UNCLASSIFIED

# UNCLASSIFIED

Page 3 of 4  
SAQMMA08F4260

01INV Invoice Instructions

12/21/2007

## Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

To constitute a proper invoice, the invoice must include the following information and/or attached documentation: (1) Name and Address of the Contractor

- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount.
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

**IMPORTANT:** For proper payment, the invoice must detail products and/or services delivered on a line-item basis in direct accordance with the corresponding order/award/contract. Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Invoicing Amount
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if invoicing against a task or delivery order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or GSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name: U.S. Department of State  
Global Financial Services  
Attn: Office of Claims (RM/GFS/F/C)

# UNCLASSIFIED

# UNCLASSIFIED

Page 4 of 4  
SAQMMA08F4260

Charleston Financial Service Center

Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008

Telephone Numbers:

Voice 843-202-3761

Fax 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov

Phone: 843-202-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov Phone: 877-704-9473 Toll Free

(End of clause)

G-003

The Terms and Conditions of the Prompt Payment Act

07/02/2007

The terms and conditions of the Prompt Payment Act (P.L. 97-277 as amended) and OMB Circular A-125 as amended, FOB destination, are applicable to this order. The vendor should expect payment within thirty (30) calendar days after receipt of the vendor's invoice by the Department of State for the purposes of determining a payment due date and the date on which interest will begin to accrue, an invoice shall be deemed to be received on the later of (1) the date a proper invoice is actually received by the Department of State designated billing office, or (2) the seventh day after the date on which the property is actually delivered or performance of the services is actually completed.

(end of clause)

# UNCLASSIFIED